

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/21/70  
APPLICANT(S)

**CLAIMS**

AS FILED

AFTER  
1st AMENDMENT

AFTER  
2nd AMENDMENT

IND.

DEP.

IND.

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1	1				
2	1				
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49		22			
50		22			
TOTAL IND.	↓		↓		↓
TOTAL DEP.					
TOTAL CLAIMS					

51		22			
52		22			
53		22			
54	1				
55	1				
56		1			
57		1			
58		1			
59		4			
60		4			
61		4			
62		1			
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97					
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TOTAL IND.	↓		↓		↓
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY